

UNITED STATES

**Utility Patent Application: Declaration, Power Of Attorney**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I verily believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_  
EMAIL MESSAGE FILTERING SYSTEM AND METHOD

the specification of which

☒ is attached hereto.  
☐ was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)  
☐ was described and claimed in PCT Application No. \_\_\_\_\_  
filed on \_\_\_\_\_  
and was amended under PCT article 19 on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in this Declaration. I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application in accordance with Title 37, C.F.R. §1.56.

**PRIORITY CLAIM (35 USC § 119)**

I hereby claim foreign priority benefits under Title 35, United States Code §119 and §172 of any foreign application(s) for patent or inventor's certificate(s) listed below and I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application from which priority is claimed:

Prior Foreign Application(s):			Priority Claimed	
			Yes	No
<u>2,420,391</u>	<u>Canada</u>	<u>February 28, 2003</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(number)	(country)	(date filed)		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(number)	(country)	(date filed)		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(number)	(country)	(date filed)		

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined by Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Type of Application	Appln. Serial No.	Filing Date	Status (issued, pending, abandoned)
<input type="checkbox"/> U.S. <input type="checkbox"/> PCT	_____	_____	_____
<input type="checkbox"/> U.S. <input type="checkbox"/> PCT	_____	_____	_____
<input type="checkbox"/> U.S. <input type="checkbox"/> PCT	_____	_____	_____

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issuing therefrom.

#### APPOINTMENT OF ATTORNEY

I hereby appoint Mark B. Eisen (Registration No. 33088), Dino P. Clarizio (Registration No. 37572), David M. Reive (Registration No. 38792), Adrian M. Kaplan (Registration No. 43396) and Jenna L. Wilson (Registration No. 54908) as my attorneys and agents to prosecute this application, to make alterations and amendments thereto, to receive the patent and all correspondence relating to this application, and to transact all business in the U.S. Patent and Trademark Office connected therewith, and my attorneys are hereby given full power of substitution and revocation.

Address all correspondence and telephone calls to:

Mark B. Eisen	
c/o Dimock Stratton Clarizio LLP	
20 Queen Street West	Telephone No. (416) 971-7202
Suite 3202, Box 102	Facsimile No. (416) 971-6638
Toronto, Ontario	
Canada M5H 3R3	

Full name of sole or first inventor	Tristan GOGUEN	
Inventor's signature	_____	Date: _____
Residence (city, state, country)	Toronto, Ontario, Canada	
Citizenship	Canadian	
Post Office Address	18 Lanbrooke Avenue, Toronto, Ontario, Canada M2R 2C7	

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<input type="checkbox"/> U.S. <input type="checkbox"/> PCT	_____	_____	_____
<input type="checkbox"/> U.S. <input type="checkbox"/> PCT	_____	_____	_____

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Toronto, Ontario	
Canada M5H 3R3	

Full name of sole or first inventor	<u>Tristan GOGUEN</u>	
Inventor's signature	_____	Date: _____
Residence (city, state, country)	<u>Toronto, Ontario, Canada</u>	
Citizenship	<u>Canadian</u>	
Post Office Address	<u>18 Lanbrooke Avenue, Toronto, Ontario, Canada M2R 2C7</u>	